| Riverside Police Department<br>CA0331300                                                                                                                                           |                             |                 | SUP                | Date Prepared: 07-20-18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                |                                         |                         |                               |                                   |             |     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------------------------|-------------------------|-------------------------------|-----------------------------------|-------------|-----|--|
| 1. Original File No. 2. 3. Off. ID                                                                                                                                                 |                             | 4. NPC          | 5. Crime-Ct.       | -Ct. 6. Crime-Ct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   | 7. Crime-Ct.   |                                         | 8. Date / Time Occurred |                               |                                   | 9. Day      |     |  |
| P18-135608                                                                                                                                                                         |                             | 1865            | С                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                | 1.3                                     | 07-20-18                | / 194                         | 46                                | 6           | ,   |  |
| 10. Date / Ti me Assigned                                                                                                                                                          | 11. Date / Time Inv. S      | tart            | 12. Da             | te / Time Inv. Te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | m.                | 13. Type       |                                         |                         | Additional                    |                                   | 6. Addition | nal |  |
| 0-18 / 1954                                                                                                                                                                        | 07-20-18                    | 1954            | 0                  | 7-20-18 /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2350              | (              | oppl n                                  | 包                       | Adults Arr                    | 0                                 | uv. Arr.    | 0   |  |
| 17. Address of Occurrence (Street No Name - City - Zip)                                                                                                                            |                             |                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                | V                                       | 18. Type of Pl          |                               |                                   |             |     |  |
| Arlington Ave. / Streeter Ave. Riverside CA 92504 Public Street                                                                                                                    |                             |                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                |                                         |                         | treet                         | 11-11-11                          |             |     |  |
| For ID USE: V = Victim, I =                                                                                                                                                        |                             | V-100-000-000   |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - 11              |                |                                         |                         |                               |                                   |             |     |  |
| 19. ID: 20. Last Name - First - M                                                                                                                                                  | iddle (Firm Name if Busin   | ess)            |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                |                                         | 21. Race - S            | ex                            | 22. DO                            | В           |     |  |
|                                                                                                                                                                                    |                             |                 | las n              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                |                                         |                         |                               | 00 D.                             | Dhara       | _   |  |
| 23. Residence Address                                                                                                                                                              |                             |                 | 24. Bus            | iness or School                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | adress            |                |                                         | 25. Home Pho            | one                           | 26. Bus                           | . Phone     | 0   |  |
| 27. ID: 28. Last Name - First - M                                                                                                                                                  |                             |                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                | 29. Race - Sex 30. DOB.                 |                         |                               |                                   |             |     |  |
| 27. ID. 20. Last Name - First - M                                                                                                                                                  | iddle (Film Name ii busii)  | 555/            |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                | -2                                      | 20.11400                |                               |                                   | 2/1         |     |  |
| 31. Residence Address                                                                                                                                                              |                             |                 |                    | 32. Business or School Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                |                                         |                         | 33. Home Phone 34. Bus. Phone |                                   |             |     |  |
| on residence had see                                                                                                                                                               |                             |                 |                    | 80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                |                                         |                         | TO K                          |                                   |             |     |  |
| S 35. Last Name - First - Midd                                                                                                                                                     | lle                         |                 | 36. Rac            | e - Sex 37. A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ge 38. Ht.        | . 39. Wt.      | 10 Hr. 41. Eyes                         | 42. DOB or ID           | 0                             | 43. Arre                          | ested       |     |  |
| S1/ See intial repo                                                                                                                                                                | ort                         |                 |                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   | 1              | ), [                                    | 1                       | 21                            | Yes [                             | No          |     |  |
| P<br>E 44. Address - Clothing - Oth                                                                                                                                                |                             | aracteristics   |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | XO.            | - 01                                    | 01                      |                               |                                   |             |     |  |
| C<br>T                                                                                                                                                                             |                             |                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                 | C a            | 20                                      | 25                      |                               |                                   |             |     |  |
| 45. Juv. Other ( )                                                                                                                                                                 | 2 Juv. C<br>Prob.           | . (             | ) 5                | Within<br>Dept                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (50)              | 6 D            | etained (                               | Ø 1                     | Not Deta                      | ined (                            | )           | 2   |  |
| S 46. Last Name - First - Midd                                                                                                                                                     |                             |                 | 47. Rac            | e - Sex 48. A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ge 49. Ht         | 50. Wt. 5      | 51. Hr. 52. Eyes                        | 53. DOB or ID           |                               | 54. Arre                          | ested       |     |  |
| S                                                                                                                                                                                  |                             | - In the second |                    | . \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | (3)            | K                                       |                         |                               | Yes                               | No          |     |  |
| E 55. Address - Clothing - Oth                                                                                                                                                     | ner Marks or Identifying Ch | aracteristics   |                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6                 |                | 00                                      |                         |                               |                                   |             |     |  |
| C<br>T                                                                                                                                                                             |                             |                 |                    | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | V                 |                | 42                                      |                         | 11-0-01-01                    |                                   |             |     |  |
| 56. Juv: Other ( )                                                                                                                                                                 | 2 Juv. C<br>Prob.           | (               | ) 5                | Within<br>Dept.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | 6 0            | etained (                               | ) 1                     | Not Deta                      | ined (                            | )           | 2   |  |
|                                                                                                                                                                                    | ORIO                        | SINALLY REF     | PORTED D           | OLLAR VALU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S ARE CH          | IANGED AS      | SHOWN BELOW                             | !                       |                               |                                   |             |     |  |
|                                                                                                                                                                                    | rec. Met. C Clo             | thing<br>s      | E Office<br>Equip. | ( E.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | V Radio<br>ameras | G Firearms     | H Household<br>Goods                    | l Consum.<br>Goods      | J Live                        | estock                            | K Misc      |     |  |
| PS \$                                                                                                                                                                              | \$                          | 0/              | 5                  | ) :,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1),               | \$             | \$                                      | \$                      | \$                            |                                   | \$          |     |  |
| PR \$ \$                                                                                                                                                                           | 2,7                         |                 | 7                  | C 62/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | \$             | \$                                      | \$                      | s                             |                                   | \$          |     |  |
| 60. Originally Reported Offenses (Code - Crime)                                                                                                                                    |                             |                 |                    | 61.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | riginal Offen     | ses Changed to | o (Code - Crime)                        |                         | 58.                           | Stolen<br>Auto                    |             |     |  |
| (1) 664/187 PC- Attempted Murder on a Peace O                                                                                                                                      |                             |                 |                    | cer (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                |                                         |                         |                               | Recovere                          | ASP:<br>d   |     |  |
|                                                                                                                                                                                    |                             |                 |                    | NAME OF THE PARTY |                   |                |                                         |                         | 59. Auto<br>Value A2          |                                   |             |     |  |
| (2)  62 Narrative of Supplemental Report 62a. Audio Recording Available? Yes                                                                                                       |                             |                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                |                                         |                         |                               | Reporting Officer K. Morgan #1865 |             |     |  |
| 62. Narrative of Supplemental Report 62a. Audio Recording Available? Yes On 07/20/18 at approximately 1946 hours, partner Officer Walker #1867 and I were working uniformed patrol |                             |                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                |                                         |                         |                               | Reviewed By                       |             |     |  |
|                                                                                                                                                                                    |                             | .\ \            |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                |                                         |                         | /                             | 1                                 | 194         | _   |  |
| in a marked police ve                                                                                                                                                              | hicle in the city a         | ind county      | y of Rive          | erside. Dis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | patch a           | dvised Ri      | verside Coul                            | nty Sheriff             |                               | /                                 | OPIES TO    |     |  |
| (RSO) was in pursuit                                                                                                                                                               | of a silver Chrys           | ler sedan       | northbo            | ound on th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e 215 fr          | eeway he       | aded toward                             | ls Van Bure             | en 🗸                          |                                   | _           |     |  |
| Blvd. RSO advised dis                                                                                                                                                              | 1                           |                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                | 100000000000000000000000000000000000000 |                         |                               |                                   |             |     |  |
| Blvd. and was traveling                                                                                                                                                            | g west towards              | the city of     | Riversi            | de. Due to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | the ser           | iousness       | of the crime                            | and the                 |                               |                                   |             |     |  |
| potential harm towards Officers and civilians, we activated our patrol vehicle emergency lights and sirens, and                                                                    |                             |                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                |                                         |                         |                               | VCLO ( )                          |             |     |  |
| joined the pursuit in the area of Van Buren Blvd. and the 91 freeway. See Officer Walker's supplemental for                                                                        |                             |                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                |                                         |                         |                               |                                   | t           |     |  |
|                                                                                                                                                                                    |                             |                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                |                                         |                         |                               | APB Cancid.  APR Sent             |             |     |  |
| tails on the pursuit travel. We arrived on scene at Arlington Ave. and Streeter Ave. I assisted in moving                                                                          |                             |                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                |                                         |                         |                               | APR Cancid.                       |             |     |  |
| civilians away from the area of the suspect vehicle. I set crime scene tape up in the Sears parking lot                                                                            |                             |                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                |                                         |                         |                               | Entered DOJ - NCIC Cancid.        |             |     |  |
| ) and to                                                                                                                                                                           | ook a perimeter p           | osition in      | betwee             | n Sears p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | arking k          | ot and the     | crime scen                              | e. I maintai            | ned                           |                                   | ARBK        | ANI |  |
| my perimeter position                                                                                                                                                              | until I was later           | relieved b      | by Sgt. S          | Simons.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4.1               |                | NAL VIEW                                |                         |                               |                                   |             |     |  |